



Sample Individualized Program Plan Meeting Request Letter

Patient Name: Jane Doe

DOB: January 1, 1986

Medical Record Number: 9999999

Date: October 1, 2013

Dear Regional Center Case Coordinator:

On behalf of my patient, I am requesting that an IPP meeting be scheduled within 30 days to discuss the following services and supports:

GOAL 1	<i>Engage in conversation with typical peers in the community.</i>
Assessment	<i>Patient's baseline function is that her receptive language is significantly better than her expressive. She has used a speech generating device successfully in the past, but her device is broken and cannot be repaired. I have referred her for an Augmentative and Alternative Communication (AAC) evaluation and the therapist has recommended an Acme 3000.</i>
Service Requested (be very specific)	<i>Acme 3000 and accessories, 10 sessions of home-based AAC consultation and training for patient and caregivers with quarterly follow-up consultations. Her health insurance does not cover durable medical equipment.</i>
GOAL 2	<i>30 minutes of aerobic exercise five days per week.</i>
Assessment	<i>Patient does not currently have access to an exercise program and has glucose intolerance and is mildly obese, with a BMI of 31. She has joint pains in her shoulders and knees from degenerative arthritis and fatigues easily.</i>
Service Requested (be very specific)	<i>Pool therapy a minimum of 2½ hours per week or other low impact aerobic exercise program. Patient will need transportation.</i>

My patient needs the following accommodations to participate in the meeting:

- Someone to chart the meeting (please provide chart paper, markers, and person to chart)
- An advocate

People who should be invited to this IPP include:

Phillip Doe (father), Mary Huggins (Day Program Director), and Clifford Chat (Speech Pathologist/AAC Specialist).

To assist the team, I have enclosed a medical summary and the following documents:

AAC Evaluation, Physical and Occupational Therapy Assessments and recent labs.

Please send me a copy of all notes, assessments and agreements from this IPP meeting. I plan /do not plan to attend the IPP.

Sincerely,

R. Friend, MD

Clinician Signature

Jane Doe

Patient Signature

Revised: 11.15.13

